

AO 435 Case 2-13-cv-00193 DOCUMENT 516 Filed in TXSD on 08/28/2014 Page 1 of 2 (Rev. 04/11)		FOR COURT USE ONLY			
TRANSCRIPT ORDER					
<i>Please Read Instructions:</i>					
1. NAME John Scott		2. PHONE NUMBER (512) 475-4163			
4. MAILING ADDRESS Office of the Attorney General, P.O. Box 12548		5. CITY Austin			
6. STATE TX		7. ZIP CODE 78711			
8. CASE NUMBER 2:13cv193 (NGR)		9. JUDGE Nelva Gonzales Ramos			
		DATES OF PROCEEDINGS 10. FROM 8/27/2014 11. TO 8/27/2014			
12. CASE NAME Veasey v. Perry		LOCATION OF PROCEEDINGS 13. CITY Corpus Christi 14. STATE Texas			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER			
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)			
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING		Status Conference			
<input type="checkbox"/> BAIL HEARING		8/27/2014			
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL	0.00	
18. SIGNATURE /s/ John B. Scott			PROCESSED BY		
19. DATE 8/28/2014			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			LESS DEPOSIT	0.00	
PARTY RECEIVED TRANSCRIPT			TOTAL REFUNDED		
			TOTAL DUE	0.00	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY